

ELABORATIONS

News and Issues for Washington's Clinical Laboratories

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There's HOPE for Health Careers!

by Terry Tatko

Project HOPE enters its second year of opportunities for high school students to experience health occupations in clinical settings. HOPE is short for Health Occupations Preparatory Experience. Project HOPE Internship application packets have been sent to approximately 150 high schools around the state. Applications were due March 8th to the AHEC offices with student selections occurring in mid-March.

Once students are selected, the Area Health Education Centers (Spokane and Western Washington) contact health facility sites that are local to the student's home to set up the student rotations. Orientations between the student interns and the health facility site coordinators take place in the spring prior to schools dismissing for the summer.

Ideally, students will rotate through several clinical and diagnostic areas to observe the interaction of various members of a health care team over a 6-week period. The internship program attempts to focus the rotations in areas that are currently experiencing high levels of employee shortages such as imaging, laboratory services, nursing, pharmacy and dental care. Students are provided a \$100 weekly stipend for their 20 hours per

week of committed time. Sites range from hospitals and their various departments to community clinics and long-term care facilities.

The internship program and its funding by the Department of Health is a direct result of the Board of Health's report and recommendations for eliminating health disparities among minorities. Their primary focus is on increasing the pool of minority youth who go into health occupations as a career choice. Project HOPE interns are selected from a broad range of criteria focusing on minority heritage, first generation college family member, and living in a rural environment.

If you are interested in having a student at your health care facility next summer, please contact Bettie Rundlett, AHEC, WSU Spokane (509) 358-7646 or Terry Tatko, WWAHEC, Seattle (206) 441-7137. The Department of Health's, Office of Community and Rural Health funds the Project HOPE internship program.

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Practice Guidelines

The following practice guidelines have been developed by the Clinical Laboratory Advisory Council. They can be accessed at the following website:
www.doh.wa.gov/hsqa/fsl/LQA_Home.htm

Anemia	Point-of-Care Testing
ANA	PSA
Bleeding Disorders	Renal Disease
Chlamydia	STD
Diabetes	Thyroid
Hepatitis	Tuberculosis
HIV	Urinalysis
Lipid Screening	Wellness

Laboratory-Based Practice Guidelines

by Leonard Kargacin

A critical area of concern in the current cost-conscious health care environment is optimization of service delivery. Over-utilization of laboratory testing can lead to needless and costly treatment for the patient. Under-utilization can result in a misdiagnosis and delays in treatment. To address inappropriate or unnecessary use of laboratory testing services, the Clinical Laboratory Advisory Council decided to establish a process for developing practice guidelines for clinical laboratory testing. The guidelines are for educational purposes only.

The intent of the guidelines is to help laboratorians answer questions they may get from clinicians on appropriate test ordering. The guidelines will also be useful to clinicians as a review of a typical test-ordering pattern for asymptomatic patients. The guidelines are a compilation of existing data, not original work by the Council. For the format, the Council elected to summarize existing information into simple, easy-to-use flow charts. Once a test has been identified by the Council as a candidate for a guideline, a Council workgroup is formed to develop a proposed guideline. The draft guideline is reviewed by the entire Council, members of the state's laboratory community and appropriate medical professional societies. Comments from the reviewers are evaluated by the Council workgroup and incorporated into the final document. The finalized guideline is disseminated to all clinical laboratories and other interested parties through this newsletter.

FOR EDUCATIONAL PURPOSES ONLY

The guidelines should be used strictly as guidelines. The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Guidelines developed by the Council that have been previously published in ELABORATIONS include screening guidelines for ANA, chlamydia, coagulation guideline for unexplained bleeding disorders, diabetes, hepatitis, HIV, lipid, PSA, STD, TB, thyroid, urinalysis microscopic and culture, and wellness screening. This issue of ELABORATIONS contains the updated lipid screening guideline.

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NOTE: Letters to the editor may be published unless specified otherwise by the author.

Website addresses:

DOH home page: <http://www.doh.wa.gov>
LQA home page: <http://www.doh.wa.gov/lqa.htm>
PHL home page:
<http://www.doh.wa.gov/EHSPHL/PHL/default.htm>

MTS License Renewal

MTS license renewal application packets were mailed in mid-July. If you have not received your license renewal packet by August 2, please contact the Office of Laboratory Quality Assurance at (206) 361-2802.

Tips for prompt renewal:

- Review and **UPDATE** information on the first page. Check names, address(s), & phone numbers listed. Add the fax number and e-mail address, if not listed. **SIGN** on the back of the first page.
- Indicate the tests performed on pages 3-6.
- List the volume of tests performed on pages 5 & 6.
- **DO NOT SEND MONEY** - we will send you a bill.
- Return completed application by **AUGUST 15, 2002**.

Questions?

- Call (206) 361-2802
- Visit our website at www.doh.wa.gov/lqa.htm
Click on the "Updates" sidebar.
Click on "License Renewal Instructions".

OSHA CLARIFIES POSITION ON THE REMOVAL OF CONTAMINATED NEEDLES

The following article is taken from an OSHA Trade News Release from the United States Department of Labor, Office of Public Affairs, published June 12, 2002. The actual news release can be found at the following website: <http://www.osha.gov/media/oshnews/june02/trade-20020612A.html>.

WASHINGTON — OSHA is clarifying its policy on the prohibition of removing contaminated needles from blood tube holders in order to reduce the dangers of needlesticks for healthcare workers and others who handle medical sharps.

“Removing contaminated needles and reusing blood tube holders can expose workers to multiple hazards,” said OSHA Administrator John Henshaw. “We want to make it very clear that this practice is prohibited in order to protect workers from being exposed to contaminated needles.”

OSHA explains in a letter of interpretation that the bloodborne pathogens standard requires blood tube holders with needles attached to be immediately discarded into a sharps container after the device’s safety feature is activated.

In the revised Bloodborne Pathogens compliance directive, the agency outlines its contaminated needle policy and explains that removing a needle from a used blood-drawing/phlebotomy device is rarely, if ever, required by a medical procedure. Because these devices involve the use of a double-ended needle, removing the needle exposes employees to additional risk, as does the increased manipulation of a contaminated device.

“NIOSH applauds this effort to protect the nation’s health care workers from needlestick injuries,” said Kathleen M. Rest, Acting Director of the U.S. Centers for Disease Control and Prevention’s (CDC)

National Institute for Occupational Safety and Health (NIOSH). “Reducing these workers’ risk of needlesticks decreases their risk of infection from hepatitis C, HIV, and other blood-borne pathogens.” The Bloodborne Pathogens Standard also prohibits contaminated needles and other contaminated sharps from being bent, recapped, or removed, unless the employer demonstrates that no alternative is feasible or that such action is required by a specific medical or dental procedure.

OSHA’s policy on the removal of contaminated needles is further explained in the letter of interpretation which is available on OSHA’s web site. To locate this document, log on to the OSHA website at: http://www.osha.gov/pls/oshaweb/owasrch.full_site_search. Under “Find results”, type in “re-use of blood tube holders” and select the “standard interpretations” option.

If you have questions concerning this news release, please contact John Furman from the Department of Labor & Industries WISHA Services Division at (360) 902-5666 or furk235@lni.wa.gov.

9th Annual Clinical Laboratory Conference

November 11, 2002

Seattle Marriott Sea-Tac Hotel

Seattle, Washington

Mark your calendars today!

LIPID SCREENING GUIDELINES - ADULT

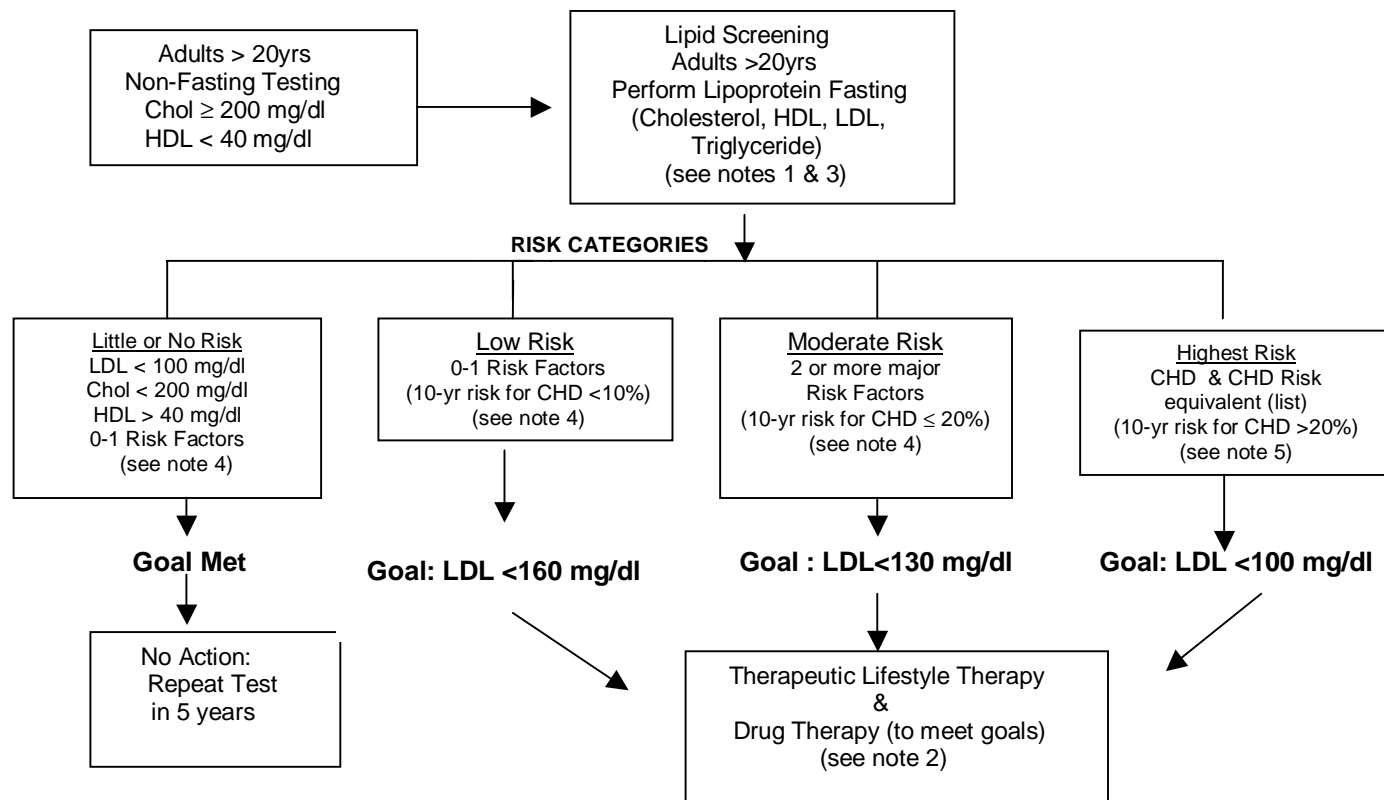
Washington State Clinical Laboratory Advisory Council

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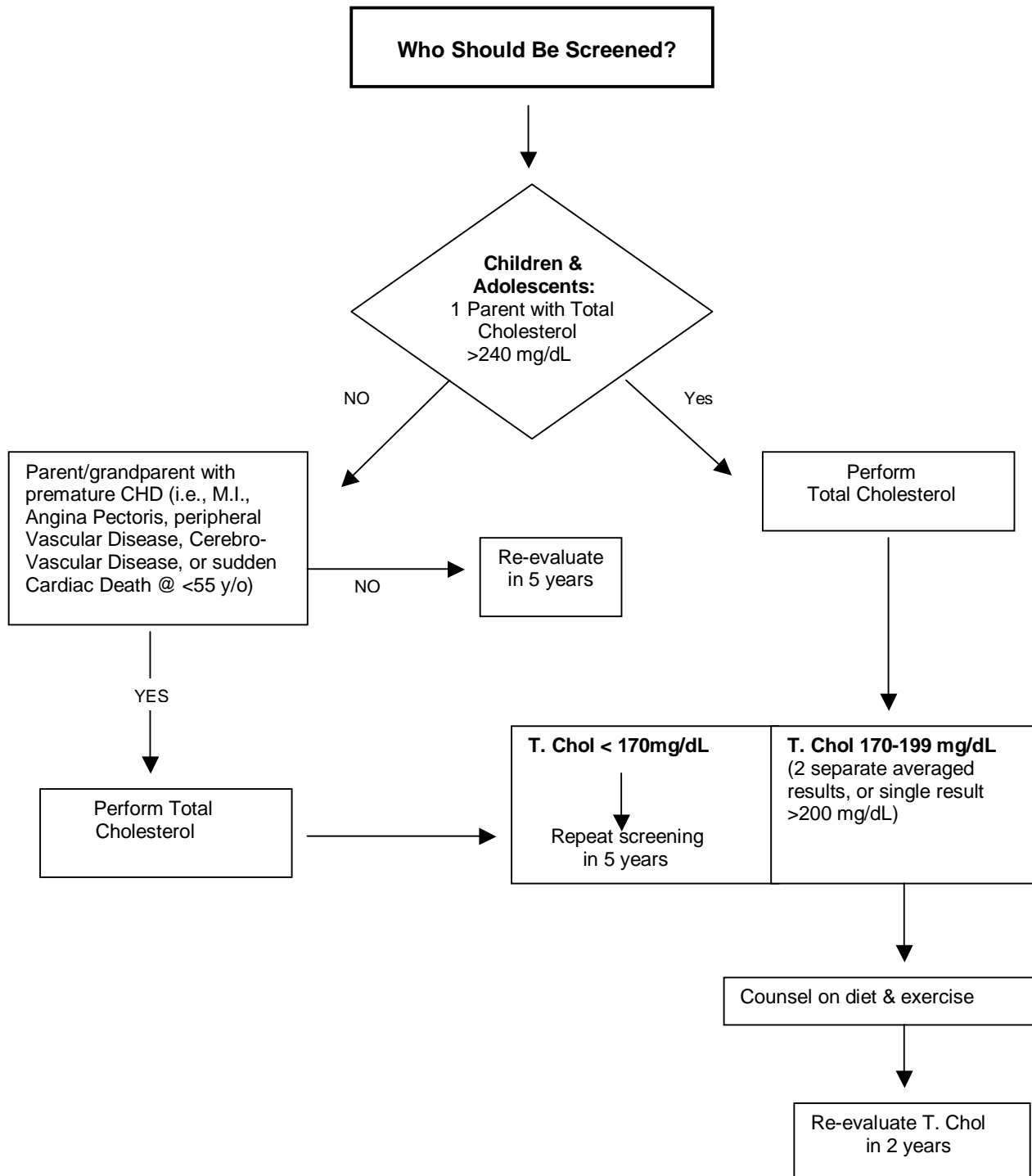


NOTES:

- Before action is taken, average at least 2 measurements.
- Eliminate secondary dyslipidemia before initiating lipid lowering therapies.
 - Diabetes
 - Hypothyroidism
 - Obstructive liver disease
 - Chronic renal failure
 - Drugs that increase LDL cholesterol and decrease HDL cholesterol (progestins, anabolic steroids, and corticosteroids).
- Consider other risk factors and emerging risk factors such as obesity, physical inactivity, atherogenic diet, Lipoprotein (a), homocysteine, prothrombotic and pro-inflammatory factors, impaired fasting glucose, and evidence of subclinical atherosclerotic disease.
- Major risk factors (Exclusive of LDL Cholesterol) that modify LDL goals:
 - Cigarette Smoking
 - Hypertension (blood pressure ≥140/90 mm Hg or on antihypertensive medication)
 - Low HDL cholesterol (<40 mg/dL)
 - Family history of premature CHD (CHD in male first-degree relative <55yrs; CHD in female first-degree relative <65yrs)
 - Age (men ≥45yrs; women ≥55yrs).
- CHD risk equivalents comprise:
 - Other clinical forms of atherosclerotic disease (peripheral arterial disease, abdominal aortic aneurysm, and symptomatic carotid artery disease)
 - Diabetes
 - Multiple risk factors that confer a 10-year risk for CHD >20%.

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LIPID SCREENING GUIDELINE-CHILDREN & ADOLESCENT



Waived Testing Helpful Hints

- ✓ Be sure to use only the specimen type for which the waived test was intended (i.e., whole blood, not serum or plasma).
- ✓ Refer to your product insert sections entitled "Intended Use" and "Specimen Collection, Handling, Storage" for information about the correct specimen type; acceptable anticoagulants; and acceptable time delays and specimen storage prior to testing.
- ✓ Using the proper specimen is one of the essential elements in performing an accurate test.

NOTE: Check this spot in future editions of *Elaborations* for more helpful hints with waived testing.

Calendar of Events

PHL Training Classes:

Blood Parasites	
July 17-18	Shoreline
Shipping & Handling of Biohazardous Materials	
August 27	Shoreline
August 28	Shoreline
Basic Blood Cell Morphology	
September 11	Shoreline
September 12	Shoreline

Northwest Medical Laboratory Symposium

October 16 - 19 Portland

9th Annual Clinical Laboratory Conference

November 11 Seattle

Contact information for the events listed above can be found on page 2. The Calendar of Events is a list of upcoming conferences, deadlines, and other dates of interest to the clinical laboratory community. If you have events that you would like to have included, please mail them to *ELABORATIONS* at the address on page 2. Information must be received at least one month before the scheduled event. The editor reserves the right to make final decisions on inclusion.

**MTS License Renewal Applications have
been mailed. If you have NOT received yours by
AUGUST 2, 2002, contact (206) 361-2802.**

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